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THE POLITICAL ECONOMY OF MANAGEMENT KNOWLEDGE: MANAGEMENT TEXTS IN ENGLISH HEALTH CARE ORGANIZATIONS

Authors: Ferlie, E., Ledger, J., Dopson, S., Fischer, M.D., FitzGerald, L., McGivern, G. and Bennett, C. (2015)

Department of Management, King's College London.

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ABSTRACT: We explore which management texts and associated knowledges are found in a major public services field: English health care. We initially wondered whether Evidence Based Management based texts might be present but we found few such examples. Instead, we found management texts written by authors from American business school and management consultancies. We argue their ready diffusion relates to two macro level forces: (i) the influence of the underlying political economy of public services reform and (ii) a strongly developed Business School/management consulting knowledge nexus. This macro perspective theoretically complements existing explanations operating at the meso or middle level of analysis which examine diffusion processes within the public services field, and also the more micro literature which focusses on agency from individual knowledge leaders.

Key words: Evidence-based management; management knowledge; health care organizations; political economy of health care; management consulting; Business Schools.

INTRODUCTION

We here explore the management texts and forms of knowledge found in English health care organizations. We argue that texts from management consultants and mainly American Business School academics have diffused extensively into the sector and exert strong influence. This finding adds to the well-established literature on public management reforming by considering public managers' *knowledge base* and how and why it may have shifted. We put together two traditionally separate literature streams: public management reforming and management knowledge.

The English health care sector displays sustained policy activity promoting Evidence Based Medicine (EBM), so we had initially wondered whether this context might be receptive to Evidence Based Management (EBMgt) texts. We currently know little about how health services *managers* engage with health *management* research (if they do), providing a major gap to explore.

After reviewing relevant literatures and describing our methods, we introduce our empirical study of management texts in English health care organizations (Authors, 2012). We found few EBMgt texts in the field but the extensive diffusion of texts from management consultants or mainly American business school academics.

We theorise our findings by considering two macro level effects: firstly, how the political economy of public services reform influences preferences for management knowledge and; secondly, a strong 'Business School/management consultancy knowledge nexus'. Our macro level analysis adds to conventional meso-level explanations of the diffusion of management

knowledge in the health care/public services field and also more micro literature focussing on agency from 'knowledge leaders'.

LITERATURE REVIEW:

Health Care Management Knowledge: Evidence Based Medicine and now Evidence Based Management?

The English health care sector displays sustained policy activity promoting EBM models (Sackett, 2000; Evans, 2003), designed to ensure clinical practice is evidence based. The National Institute of Health and Care Excellence (NICE) produces evidence based guidelines to inform 'evidence based' clinical practice.

Health care managers' role in such arenas is opaque. Previous studies suggest they lack the knowledge or skills to access research findings and play a marginal role in research informed decision making arenas, even when evidence based guidelines suggest major service change (Dopson and FitzGerald, 2005). Health managers seek to meet top-down targets rather than to read or 'own' research (McGivern et al, 2009), preferring experiential knowledge within a community of like-minded colleagues (Macfarlane et al, 2011).

However, an expanding academic management literature advocates an EBMgt based approach, taking EBM as a role model (Rousseau, 2006, 2007; Walshe & Rundall, 2001; Tranfield et al, 2003). A recently created non-profit organization (the Centre for Evidence based Management; CEBMA) acts as an international clearing house for EBMgt, providing open access to downloadable materials, including systematic reviews (see Hollingsworth, 2008, on

health care organizations) and critical appraisals. A summary systematic review (equivalent to anevidence-based guideline produced by an expert agency such as the UK National Institute for Health and Care Clinical Excellence (NICE)) or critical appraisal are EBMgt texts which could perhaps diffuse into the health care management field.

CEBMA's approach (Barends et al, 2014) is pluralist, acknowledging various forms of management evidence. Its website (http://www.cebma.org/) notes: 'evidence based practice is about making decisions through the conscientious, explicit and judicious use of the best available evidence from multiple sources… to increase the likelihood of a favourable outcome'.

We so far lack descriptive/analytic studies of EBMgt's diffusion into health care, together with a consideration of any barriers.

An Alternative Literature Stream: Business Schools, Management Consulting and Management Knowledge

Health care managers relate not only to the EBM/EBMgt movements, but also to a growing body of private sector orientated general management knowledge (Thrift, 2005). Scott et al (2001, pp20-21) make an (undeveloped) observation that knowledge shifts express wider institutional changes: 'an institutional change is signalled in the health care field, for example, when hospital managers once trained in schools of hospital administration are replaced by health care executives trained in business schools'.

This *'business school/consulting knowledge nexus'* has porous boundaries between different knowledge producers. Engwall (2010) explores the symbiosis of business school academic writing and consulting. Thrift (2005) suggests this knowledge nexus displays powerful

interlocking institutions, self-referential insulation and an ability to acquire ever more resources. This 'cultural circuit of capitalism' (Engwall, 2010; Jung & Keiser, 2010; Thrift, 2005) produces a linked constellation of: Masters of Business Administration, major business school faculty, management gurus, consulting firms, business media, journals and presses, inspirational conferences and 'blockbusting' management texts (e.g. Osborne and Gaebler, 1992). Influential knowledge producers are often located in elite American business schools and management consultancies, with their management knowledge 'products' diffusing from the private to public sector and from America to the United Kingdom (UK)/Europe.

So how can these management texts be characterised? This distinct genre has strong authorial and editorial conventions (e.g. Harvard Business School books) (Clark et al, 2010). They are closely linked to a proposed solution, are normative in tone and less theoretical than traditional academic writing. They are focussed on (enhancing) organizational performance. They address 'hot issues' in business or public policy with bubbles of excitement (e.g. the 'culture wave' and 7 S model, Peters and Waterman, 1982). They do not emerge from peer reviewed public science but are linked to funding from consulting firms, which produces proprietary organizational change programmes.

Such texts are opaque in describing their methods and analysis, rather seeking to promote 'big ideas' but do not tie their data to conclusions firmly. They promote managerial 'fads and fashions' (Abrahamson, 1991) within the management community, hungry for the 'next big thing'. These texts often diffuse rapidly but then burn out, succeeded by a still newer fad.

Best selling examples include: Hammer and Champy (1993) on Business Process Reengineering (which diffused into National Health Service (NHS) sites, see McNulty and

Ferlie, 2002's study); Davenport and Prusak's (1998) knowledge management text; and Kaplan and Norton's (1996) Balanced Scorecard text (which diffused into one site in our study). They tell inspiring stories and display well visualised models for ready use by managers.

An Activist Political Economy, Public Management Reform and Management Knowledge Effects

We next examine the impact of the underlying political economy on public management knowledge bases. This management knowledge question has not been fully considered in otherwise extensive literature on public management reforming.

A political economy perspective suggests publicly funded and politically visible English health organizations still face politically sponsored reform projects. The UK is indeed a 'high modernist state' with recurrent top-down and politically driven reorganizations (Moran, 2003; Pollitt, 2013). Hill and Hupe (2009: 89) briefly suggest New Public Management (NPM) reforms created a significant knowledge shift from traditional political science/public administration towards organizational economics and public choice theory. However, this high level observation requires further studies of shifts in practice.

A narrative-based stream in public administration scholarship (Borins, 2011) examines the 'stories' of public policy texts. UK public management reforms are justified in official texts (Pollitt, 2013), seeking to produce persuasive narratives mixing values, facts, positive case studies and doctrines to promise a better future.

We characterise two contrasting 'grand narratives' of UK public/health policy reform. Moments of inflection between them reflect switches of political control. The first NPM reform narrative, dominant during 'Thatcherite' Conservative governments (1979-1997), sought to shrink the state, reduce taxes and make the residual State 'business-like' (Hood, 1991). This theme has now been well analysed, but shifts in preferred public management knowledges are still to be explored.

We argue pro-market NPM reforms had management knowledge effects. Firstly, theoretical ideas from organizational economics informed NPM public policy reforms (Niskanen, 1971). Secondly, best-selling business school/management consulting texts moved into the UK public sector from the 1980s (notable examples are Peters & Waterman (1982) and Osborne and Gaebler (1992) on 'post bureaucratic' government). These texts were often linked to management consultancy products. NPM's principles were operationalized through management techniques around: benchmarking, metricization, productivity enhancement and performance measurement.

A 'post NPM' reform narrative (advanced by 'New Labour' governments, 1997-2010), focused on 'Network Governance' reforms emphasising softer themes of networks, systemic collaboration, organizational learning, and service quality. Some NPM ideas around performance management were retained so the shift was partial. The Network Governance narrative trusts public sector professionals more and sought to re-engage them after NPM's perceived managerialist excesses, drawing on authors from politics and sociology (Newman, 2001; Osborne, 2010; Rhodes, 2007) rather than NPM friendly organizational economics.

We ask: are management texts that promote ideas consistent with these two reform narratives (or indeed other narratives) found in our sites?

Recent English Health Policy Reform: 'The Productivity Challenge' and Tilt Back to NPM?

The 2010 UK election brought in a Conservative/Liberal Democrat coalition, which judged that excessive public spending had fuelled the 2008 financial crisis and should be reduced. The new health policy 'narrative' (Cm 7881, 2010) was pro-market, promoting marketization and diversity of provision, and anti-bureaucratic (a recurrent theme, Pollitt, 2013). It was more NPM than Network Governance friendly and earlier New Labour reforms were criticised. Health policy (Cm 7881, 2010) (5.16, 5.17) emphasised financial constraints and major productivity improvements releasing: '£15-20B of efficiency savings for reinvestment across the system over the next four years while driving up quality…'. The QIPP (Quality, Innovation, Productivity, Prevention) initiative considered how these demanding objectives could be achieved. While QIPP was inherited from New Labour, it was accelerated (Cm 7881, 5.17). We ask: were there local management knowledge effects from this national turn to a productivity based and NPM consistent agenda apparent in our sites?

STUDY DESIGN AND METHODS

We now outline our study questions, design and methods. Our initial research question was (Authors, 2012): *under what circumstances and how do health care managers access and use research based management knowledge in their decision-making*?

The widespread absence of traditional academic texts (i.e. peer reviewed papers; academic monographs) we encountered in the field reinforced the need for a broad definition of management knowledge, including management 'guru' and management consultancy texts.

As our objectives related to interpretive 'how' and 'why' questions rather than measurement-based questions, our design was qualitative and case-based (Yin, 2009). We recruited six diverse health care organizations in English health care, which commentators and our study advisers considered to be leading exemplars. They were selected as promising sites with *prima facie* evidence of strong activity around management knowledge (e.g. research linkages with management academics; leaders using management theory in practice). Below we outline these sites (using pseudonyms and anonymised texts to preserve confidentiality) and justify their selection.

Elmhouse, a private sector management consultancy operating in health care. Management consultancy has been increasingly drawn upon by UK health care organizations to advise on major service changes, so we wanted to explore the impact of consultancy knowledge and firms.

Willowton, a NHS Primary Care Trust was a public health care commissioning organization facing demands to improve primary (non hospital based) care whilst controlling costs. Primary Care Trusts commissioned primary care services across a geographical patch. Willowton, like all English Primary Care Trusts, underwent major reorganization during fieldwork, eventually being abolished.

Oakmore, a not-for-profit hospital, is a charitable trust offering specialist clinical services. This site was changing from an old-fashioned charity to a market orientated not-for-profit organization, with new senior management applying business like management knowledge. We studied how this management knowledge underpinned its organizational transformation.

Firgrove, a NHS Academic Health Sciences Centre (AHSC), recently established to narrow the 'research translation gap' between basic and clinical sciences. It intended to integrate world class research, patient care and education, offering us an opportunity to study management knowledge in a networked partnership form and elite medical setting.

Beechwell, an independent Policy Unit or 'think tank' aimed to improve health care through health policy analysis, research, and leadership development. Studying a text from its policy unit exploring how NHS productivity challenges might be addressed offered an opportunity to consider knowledge flows between these historically distinct functions.

Mapleshire, a NHS Collaboration for Leadership in Applied Health Research and Care (CLAHRC). It was one of nine English network-based collaborations designed to translate research findings into practice through knowledge mobilization. It sought to diffuse management knowledge about organizational change into its regional field.

Data Collection

Data collection occurred over two phases. Phase 1 focussed on individuals identified as interested in management knowledge, including those with further degrees or who had undertaken executive education courses, exploring careers, perspectives, motivations and ways of seeking management knowledge.

Phase 2 (reported here) explored utilisation of management knowledge in practice through studying so called 'tracer texts'. We had asked Phase 1 respondents to nominate management 'tracer texts' with a stream of significant organizational activity.

Table 1 summarises the tracer texts and their characteristics, along with local organizational challenges addressed.

Theoretical framing and data triangulation

Before fieldwork, we reviewed relevant literatures, using Crilly et al's (2010) overview of knowledge mobilization literature in health care, to design semi-structured interview protocols. We secured ethical approval and collected factual data about the sites. An 'outer context' analysis (Pettigrew et al., 1992) explored sites' position in the health sector and wider economic and social system (including the impact of top-down policy change and expenditure pressures). An 'inner contextual' analysis explored organizations' history, strategy and position, links to national policy agendas and internal knowledge management systems (if any).

We triangulated various data sources (Stake, 2000), including interview-based data, organizational documents and meeting observations. Semi-structured interviews were our main Phase 2 data, held with various stakeholders involved with the tracer text. Our interview protocol explored knowledge mobilisation activity around the tracer text. Site sponsors helped us obtain contextual data on the knowledge tracer, its use and relevant knowledge sharing practices (e.g. stakeholder events, work groups. Where possible, observation of events was undertaken (due to access permissions, this was only done at two sites). We conducted 137 formal interviews: 45 in Phase 1 and 92 in Phase 2.

The interviews lasted one to two and a half hours; all recorded and transcribed. We also reviewed documents relating to the tracer and the organization's history by examining documents provided or available on websites.

Data analysis. Researchers worked in pairs in sites, interviewing jointly where possible, and discussing interview themes afterwards. A first-order analysis of informant-centric codes was performed for Phase 1 interview data using NVivo. In Phase 2, informant-centric coding was supplemented with narrative case-based descriptions and developing detailed stories (Langley, 1999) of the content, utilization and (where possible) impact of the tracer text. The narrative was produced by a lead author, following paired discussions by team members assigned to the site. Each case retains strong internal validity, while enabling comparison between cases (Stake, 2000). The cases were discussed at regular team meetings, encouraging deeper understanding and comparative cross-case analysis to surface conceptual themes. We were sensitive to analytic frameworks for qualitative research (Gioia, Corley & Hamilton, 2013). The case narratives and subsequent discussion produced early analysis and theory generation around themes (Eisenhardt & Graebner, 2007) such as 'knowledge leadership' and consulting in the public sector.

We then undertook further work (Tables 1 and 2) to identify cross-case patterns, discussed in regular face-to-face team meetings. These comparative tables signalled as initial core findings: (i) the absence of EBMgt texts but many business school/management consulting texts and authors; and (ii) strong local management knowledge effects of QIPP's targets for productivity increases. Further review work accessed additional literature now highlighted as important (e.g. on management consulting), and team discussions reconsidered initial cases.

The following questions emerged from initial analysis: (i) how do locally preferred management knowledges relate to the macro political economy? (ii) why are EBMgt texts less apparent than business school/management consulting texts? We returned to early descriptive cases (Authors, 2012) and redrafted them, given these two new questions.

FINDINGS: MANAGEMENT TEXTS AND KNOWLEDGES IN THREE HEALTH CARE ORGANIZATIONS

We studied six English health care organizations, but here (given word constraints) concentrate on three sites where management knowledge processes were particularly interesting. We discuss the three remaining sites briefly in tabular form and in the conclusion to benchmark findings across all cases.

Case 1: Elmhouse Management Consultancy

We studied the impact of a project involving the Elmhouse consulting model (Anon, 2010) (2009-2010), commissioned by an English Strategic Health Authority (an intermediate regional tier of the NHS) and involving a Primary Care Trust (established to purchase local health services). The consulting brief was to advise on major efficiency savings regionally to support QIPP (already described). The core text (Anon, 2010) presented an in-house Elmhouse model designed to manage organizational change for high performance.

Which knowledges and texts are apparent? Elmhouse produced management knowledge for the NHS and other clients. Elmhouse's internal knowledge management systems successfully created one corporate knowledge. Its homogenous elite culture unified its consultants' thinking about the knowledge produced, reinforced by careful recruitment and retention policies. Creating a homogenized workforce enabled the partners to "plug and play" consultants from anywhere into any project, but limited Elmhouse's openness to alternative knowledges. Elmhouse used little external research, relying instead on (sophisticated) internal knowledge management systems. An Elmhouse interviewee noted:

'We trust our own research, there is a terrible not invented here syndrome, so we are not nearly as good as tapping into academic research as we should be. We spend a lot on research (in the form of knowledge specialists and information technology systems to capture knowledge). I mean on one count the firm invests more on research in any given year than a single business school.'

Elmhouse recently established an Academic Advisory Board to secure more advice from senior business school academics. Their Elmhouse 'way of thinking' was described as typically creating a logical argument with a clear structure, by breaking down problems into manageable parts.

Elmhouse's change management model was described in a book by Elmhouse partners (anon, 2010). This text (p31) argued the research undertaken to underpin the model was 'more exhaustive than anything previously undertaken in the field'. The text sought to review evidence and design change models to assure high organizational performance. It drew on multiple case

studies from Elmhouse's worldwide client work, surveys, a quantitative analysis of client data, and a large scale review of books and academic journals (most commonly the Elmhouse in-house journal and Harvard Business Review). There was evidence cited from in depth interviews with Chief Executives and even a change management quasi experiment. The text is written in a punchy style, with many summary diagrams or exhibits.

While there was evidence behind the model, some argued the book did not fully display it, nor fully substantiate associations between variables or demonstrate how conclusions were reached.

The Elmhouse model operated as follows: (1) setting 'tough but achievable' goals; (2) assessing the current state of the organization, including underlying mindsets; (3) (a) telling a story to convince people of the need to change (b) establishing reinforcement mechanisms to support desired changes (c) active role modelling from leaders. Measuring and evaluating performance and progress through the change process is key. This generic model has been applied to both health care organizations and private firms. Its self characterisation as 'evidence-based' legitimated it with some NHS clients.

Knowledge in its wider context. As is often the case in management consultancy (Wright et al, 2012), Elmhouse attempted to standardise clients' practices. Their benchmarking suggested if the region's Primary Care Trusts redesigned services to achieve performance reflecting the upper quartile nationally, they could meet their efficiency targets. Elmhouse provided action planning, running pilots and developing prescriptions for major service redesign. Consultants ran structured conferences for senior managers, designed to persuade people about QIPP benefits

and developing skills to take QIPP forward. Managers were instructed to complete PowerPoint templates to propose productivity gains, discuss plans at local workshops, and report back.

Respondents in the two NHS subfields (the Strategic Health Authority and the Primary Care Trust) provided sharply varying perspectives, reflecting different knowledges valued**.** Strategic Health Authority managers were positive, as the project meshed with their preferred knowledge type to provide "*evidence of delivery … that would give us a measureable change"* (Strategic Health Authority respondent). Another respondent from the same organisation argued:

'We were able to make good use of the Elmhouse input because…it fitted with our strong delivery focus…a very structured and focussed programme where you keep the momentum going was one thing and they're very good at that…with tight timescales for each step and they get your agreement to that and then they chase you to make sure it is happening'.

Local Primary Care Trust managers and clinicians were critical of Elmhouse's approach as based on abstract analysis, not reflecting local circumstances. One manager (a former clinician) argued that Elmhouse's analysis meant closing ten wards, risking loss of credibility with clinicians. There was scepticism about Elmhouse's PowerPoint slides, spread sheets and prescriptions. A local manager argued they were *'left with lots of spread sheets'* and ' '*creativity is crushed out by this need to turn it into bloody power points'*. Some local managers felt relieved once Elmhouse had withdrawn from the assignment and pressure receded.

Overall interpretation of knowledge in use. Overall, a mixed pattern is evident. Elmhouse's internally-generated knowledge production systems created a high-level standardised knowledge base and change model. This knowledge fitted epistemically with that valued by Strategic Health

Authority management, who wanted hard evidence of delivery to achieve QIPP targets. There was an epistemic clash with the local NHS field which preferred knowledge reflecting the local context and stressed the negative effects from Elmhouse's intervention**.** Overall, we suggest Elmhouse's intervention attempted to diffuse productivity-based and NPM-style techniques into English health care, potentiated by QIPP and sponsored by senior management but encountering a decidedly mixed reception locally.

Case 2: Willowton Primary Care Trust

All Primary Care Trusts were abolished nationally in 2013, so Willowton was also experiencing major organizational turbulence during the study. Willowton's urban location contained high levels of social deprivation and some enduring problems with poor services, despite previous interventions. Willowton faced ambitious productivity and financial targets (given QIPP), and.was open to new ideas that might produce organizational change. The director of its applied research unit (Willowton Research Unit), who was also a family doctor with a senior management position, suggested new approaches to quality improvement and service change.

Our tracer was an Initiative for Integrated Care launched (2009) in a pressurized locality with a difficult legacy from poor quality services . It tried to improve services in four complex areas (e.g. dementia). Projects were launched and stakeholder events undertaken, aimed at forging new working relations and increasing clinical engagement.

This activity was strongly influenced by a single authored text on *"whole systems"* published by the Research Unit Director (Anon, 2006), using action research approaches. The book was

informed by ideas from complexity theory, organizational learning and action research. So knowledge production came from a local author/doctor, well embedded in the local system but also with a PhD and a book addressing the same topic.

Which management knowledges and texts are apparent? We found two increasingly conflictual knowledge streams. The tracer text's core concepts were: (i) building learning communities through learning spaces and multidisciplinary groups participating in cycles of cross-organizational working and reflection; (ii) whole systems learning and change (juxtaposed against linear theories of change); and (iii) integration, so that different parts of the health care system interact more. The text provides vivid examples and suggests exercises to help readers develop their own skills.

The writers cited in the text included 'soft' business school orientated authors like Senge (1993), Wenger (1998) and Weick (1995) – more interested in qualitative themes of organizational learning, development and culture than the quantitative measurement of productivity, alongside social science authors (e.g. Lukes (2005) on power).

A second form of financial risk and accounting knowledge also apparent reflected the organization's duty to observe resource limits and achieve cost savings. Its influence increased along with QIPP. Performance indicators (e.g. provider performance data, hitting operational targets) and budgetary controls created heavy data collection tasks . Interviewees referred to *"reporting upwards"* and *"feeding the beast"*, having to *"run on outcome measures, it has to report everything it does in outcome measures"* and "*a regime internally that keeps tabs on all of these things."*

Knowledge in its wider context. The whole systems project fostered informal spaces for knowledge exchange and learning. It did not seek control, but to stimulate inter-professional working. A knowledge clash arose between this project and the rising results-orientated, performance management logic which required outcomes to be expressed in hard evidence and numbers. This tension intensified given sharp financial restraint after 2010. The integrated care initiative was summarily stopped, a planned summer workshop cancelled, and email communications ceased. This followed major internal reorganization, when many staff applied for new positions or redundancy. As the supportive Chief Executive left for another senior role, the protection previously lent to the whole systems initiative disappeared, along with operational support.

Overall interpretation of knowledge in use. The case demonstrates growing tensions – and eventually incompatibility – between two knowledge streams. Local developments mirrored those nationally, with growing emphasis on short-term productivity improvements. The relative influence of the two management knowledges changed, associated with shifting local constellations of actors and power balances. Rising NPM style management knowledge here overwhelmed a locally embedded Network Governance orientated text which fitted poorly with QIPP.

Case 3: Oakmore Independent Health Care

This private charitable trust had undergone a long-term transition towards a more market facing orientation since the Chief Executive, a clinician, joined it in 2000. Succeeding a more traditional post holder, the Chief Executive encouraged expansion and more business-like

working, initially against clinical resistance. Oakmore's specialist services were not readily available elsewhere and, until 2008, referrals from the NHS ensured Oakmore's financial position was strong. Afterwards, NHS referrals to outside providers were constrained, reflecting QIPP, so the organization then reviewed its strategy, considering price revisions, cost savings and service variations.

The organization was a keen consumer of business school generated knowledge and a well known 'balanced scorecard' text (Kaplan & Norton, 1996) was used as a performance management tool to focus staff on business measures.

Which knowledges and texts are apparent? Two different knowledge domains co-existed here. The most strongly established was specialist clinical knowledge, with many clinical papers published in medical journals. Following the Chief Executive's arrival, management knowledge became more important. The Chief Executive introduced management knowledge in various ways: employing senior people with a management background; introducing training and mentoring; bringing in commercial non executive directors and funding staff to take management qualifications.

Managerially-orientated knowledge was controversial, as some clinical staff found it hard to accept that good quality care could co-exist with a profitable organisation.

The senior management team expanded performance management systems internally, informed by Kaplan and Norton's 'Balanced Scorecard' (1996). This text summarises various financial and non-financial measures, seeking to translate the company's vision/mission

statement into tools for managing the business better. The text has a punchy style, with visual diagrams and short but inspiring ‘success stories’ to communicate well with busy managers.

The Balanced Scorecard had high impact here. Initially using the original tool, the senior team later revised it after further investigating the literature. This adaptation reflected the original intention that the scorecard (Kaplan & Norton, 1996) should be a flexible strategic tool.

Knowledge in its wider context. The Chief Executive used personal and positional power to reshape the organization’s culture through top-down introduction of management knowledge. In a business-oriented approach, he sought to reconcile clinical and managerial/financial values. This tension was addressed in a new corporate vision referring to the purpose of Oakmore as a charitable trust with the need not just to look after current patients, but to create new business opportunities for the future.

As the market intensified with post-QIPP cuts, the scorecard was a key tool, which fitted with the new context. It was reinforced by other management knowledge sources such as the Chief Executive’s links with major UK business schools which provided extensive knowledge and advice. Well-funded training programmes gave staff access to generic management development (e.g. Franklin Covey courses). Some staff took MBAs.

Overall interpretation of knowledge in use. The case revealed diverse clinical and managerial knowledges co-existing. However, management knowledges were assuming greater importance. The balanced scorecard’s high impact reflected various factors. Over time, the organisational form was shifting from an ‘old fashioned’ charity into a modern health care organisation run as a

profitable quasi-business. Oakmore also enjoyed greater freedom to experiment with management knowledge than the more constrained NHS sites.

Crucial to the high impact of this knowledge was the 'hybrid' Chief Executive who enjoyed and was committed to exploring management knowledge. He actively sought relationships with business schools to keep up to date and attended several leadership executive education programmes. He also appointed a new team who shared his respect for management knowledge and was willing to experiment with it.

He used systems thinking and scenario methods taught by business schools to sharpen his view that there was now a significant challenge from QIPP. He and his team sought out management knowledge and tools to enhance organizational performance and cost effectiveness. They created a new organisational architecture that facilitated and incentivised absorption of management knowledge. Their actions increased the high impact of the Balanced Scorecard by shifting conversations away from the professional /clinical towards management and business knowledge.

Oakmore is an exemplar case, highlighting the extensive diffusion of a generic management text and associated knowledge into a health care organization.

FIRST ORDER ANALYSIS: SUBSTANTIVE FINDINGS ACROSS THE CASES

Finding 1: No EBMgt Texts but many Business School/Management Consulting Orientated Texts

We plotted the management texts found (Tables 1 and 2) across all six sites, finding no EBMgt texts. Research monographs or academic articles were also absent. However, these organizations were not 'management knowledge free' zones. Alternative Business School/management consulting texts were present in five sites, either directly or indirectly. Such texts included Kaplan and Norton (1996) and the Elmhouse in-house text (anon, 2010). Key American Business School authors had important indirect influence too: Firgrove's internal Organizational Development consulting unit used Schein's process consultation texts. The Willowton text cited Senge, Schon and Argyris, while the Mapleshire text cited Wenger and Brown and Duguid. We conclude Business School/management consulting texts have diffused into English health care organizations – mainly from authors in American leading Business Schools or management consultancies - more so than EBMgt texts.

It might be thought unrealistic to expect health care managers to read full EBMgt systematic reviews, given their preference for experiential knowledge transmitted within managerial communities of practice (Macfarlane et al, 2011). An EBMgt perspective would, however, suggest that managers should move beyond this default position to critically review available evidence, even in a pragmatic fashion. Can EBMgt 'products' be made more inviting? The CEBMA web site is now making 'user friendly' EBMgt related resources available, (e.g. presentation slides, teaching resources, a critical appraisal guide and a discussion forum). While our study was too early to track their impact, this theme should be investigated in future work.

Finding Two: Knowledge Leaders Provide Agency

Thornton et al's (2012) explores how embedded agency can trigger organizational change. Some actors are organizationally well embedded, skilled and powerful and can use their formal role position, informal networks and local knowledge to effect organizational change (Smets et al, 2011).

Our three major cases all demonstrate knowledge leadership and agency as well as structural or contextual factors. In Oakmore, the new Chief Executive team made what was a changing organization even more receptive to the Balanced Scorecard. Both the Elmhouse and Willowton cases suggest senior and well embedded authors of texts can mobilize management knowledge, although the Willowton case suggests the author's formal role power was politically fragile.

What do the other three cases add? In Firgrove, the knowledge champion (with an internally sponsored PhD in the same field) utilised Schein's texts which fitted well with the clinical culture there. Weak knowledge leadership was an important negative factor in two cases (Beechwell and Mapleshire).

Finding Three: Macro Level Shifts in The Political Economy Exert Local Management Knowledge Effects.

We thirdly conclude that recent shifts in the political economy (the 2010 change of government, budgetary austerity and QIPP) produced local management knowledge effects in several sites. Specifically, QIPP raised the profile of management consultants (i.e. Elmhouse), who advised on performance improvement (also important in Willowton); it strengthened the

Balanced Scorecard in Oakmore, and intensified conflict between pre- and post-QIPP epistemes in Willowton, with the 'hard' productivity episteme dominating.

Such shifts helped showcase the economics/productivity text studied in Beechwell. However, we did not detect political economic effects on management knowledge bases in either Firgrove or Mapleshire.

SECOND ORDER ANALYSIS AND CONCLUDING DISCUSSION:

We now advance three propositions to comment more theoretically on our first order findings.

Proposition 1: Studies of the Diffusion of Management Texts and Knowledge in Public Services Organizations Should Consider Macro Level Forces.

How can our study develop academic literature on the diffusion of management knowledge within public services organizations? An institutionalist framing has often been used in studying diffusion of management knowledge (Kipping and Wright, 2010). However, such analyses often focussed on private firms and associated organizational fields, where government has little influence.

Institutionalist theory argues that organizational fields readily converge on strong 'fads and fashions', emanating from high status knowledge producers. Organizations are driven more by a search for legitimacy than efficiency. These conditions produce 'isomorphic' convergence, copying and mimicry (DiMaggio and Powell, 1991). Institutionalism highlights the fashion-like

character of management knowledge, spread by global knowledge diffusion agents. A key unit of analysis is the middle range or meso-level of the organizational field – in our case, the field of health care organizations. Such fields may include an international element which potentiates cross national diffusion.

Thrift (2005) analyses the international (but not inter-sectoral) diffusion of American management knowledge through a 'cultural circuit of capitalism' to receptive States, such as Singapore. Many components (e.g. international consulting firms, blockbuster management texts and elite American Business Schools) of this cultural circuit are present in our cases.

Some literature on the diffusion of public management reforms (Sahlin-Andersson and Engwall, 2002a, 2002b) sees NPM reforms as spread internationally by global diffusion agents including the Organisation for Economic Co-operation and Development (not the case in our sites). However, an international management consulting firm was important in one site, operating on a globalised basis.

Sahlin-Andersson and Engwall (2002b) suggest that conventional institutionalist assumptions of passive diffusion of management knowledge across the public management field should be complemented by different theories. They highlight social movement theory, professionalization theory and actor network theory as potentially useful prisms.

We have instead focussed on developing literature (Garud et al, 2007; Thornton et al, 2012) which highlights 'embedded' agency. This micro level perspective explores the presence of skilled 'knowledge leaders' within organizations and fields: such leaders were indeed evident in some cases. We add to existing literatures by considering two macro forces influencing the diffusion of generic management texts and knowledges into public services organizations: (i) a

New Public Management friendly underlying regime type and (ii) a well developed Business School and management consulting knowledge production nexus.

Proposition 2: There is a Double Effect Between New Public Management Regimes and Preferred Management Texts in Public Services Organizations.

Comparativist public management scholars (Pollitt and Bouckaert, 2011; Painters and Peters, 2010) distinguish between different families, placing England in the Anglo Saxon family where NPM doctrines have high impact. These governments are typically management, market and performance orientated, open to advice from new actors, including management consultancy firms and business advisers. An underlying NPM regime type directs attention to preferred management texts and knowledges from private sector orientated authors.

The management knowledge effects of NPM reforming are a gap in otherwise well developed NPM literature. We argue there was a break point in the 1980s where traditional public administration based knowledge gave way to imported generic management texts (Hill and Hupe, 2009). Successive 'blockbuster' management texts (e.g. Peters and Waterman, 1982, was the first; Osborne and Gaebler, 1992, is also important) now came into English public services organisations.

There is a double effect: an underlying NPM regime type provides a receptive macro context for these texts; but the texts themselves further articulate NPM like reforms, work practices and new thinking. They reconstitute organizational and personal knowledge bases and encourage public services organizations to change, become business like and performance minded. Thus the

organizational transformation at Oakmore was aided by a high impact Business School text, adopted as a corporate change tool.

Network governance management texts appear to represent a minor 'within framework change': for example, the Willowton network governance text cited 'softer' American business school authors (exploring organizational development, learning and culture) but the underlying pattern of generic management knowledge diffusion into English health care organizations continued.

Proposition 3: A Well Developed Business School/Management Consulting Knowledge Nexus Exerts a Second Macro Effect

A second, important, macro force evident is the business school/management consulting knowledge production nexus (Engwall, 2010; Thrift, 2005), originally American but now international or even global (e.g. Elmhouse). It is a linked ensemble of: blue chip management consulting firms, major business school faculty and authors, high profile management texts, along with business media (Engwall, 2010). It now appears to be influential in terms of knowledge production within our UK health care Sites,

The UK management consultancy sector emerged early and developed strongly, when compared to other European countries (McKenna, 2006), soon attracting major public sector clients (including the NHS) as well as private firms. UK Business Schools were being created from the mid 1960s onwards (Starkey and Tiritsoo, 2007), with a dramatic expansion and MBA boom in the 1980s. Saint Martin (1998, 2004) suggests management consulting firms have more

influence on UK than French government, which was a NPM averse jurisdiction looking internally to civil servants for advice.

So the UK Business School/management consultancy nexus emerged early and strongly, predating NPM friendly governments. It was further potentiated by NPM reforms as government became more receptive to advice from 'business like' outsiders (Saint Martin, 2004).

It is unsurprising that the prevailing political, ideological and policy climate affects knowledge utilization patterns, as Weiss (1995)'s analysis of American educational reforms suggested. What is more surprising is the concentrated use of Business School texts and management consultancies as preferred management knowledge sources. Alternative NPM friendly knowledge producers appear absent: market orientated economists might have produced short pamphlets on (say) building health care markets, their regulation or productivity measurement (see Enthoven (1985)). Yet this tradition appears as weak in most of our sites,.

Conclusions, Limitations and Future Research

Overall Conclusions: Empirically, we investigated which management texts and associated knowledges diffused into English health care organizations. We found no EBMgt style texts but many business school/management consulting texts, often from elite American business schools and management consultancies.

We theoretically argued that two macro forces (the underlying political economy of public services reforming; an embedded business school/management consulting nexus) influenced the diffusion of such management texts and knowledges into oursites.

While the developing institutional entrepreneurship literature connects conventional meso-level institutionalist analysis (here diffusion of management knowledge within the health care management field) down to the micro-level agency; we connect it up to the macro-level. We add to the substantial literature on public management reforming, which has not so far considered management knowledge implications. We add to wider literature on the diffusion of management knowledges –mostly focused on private firms - by analysing public services settings. Our macro level perspective is a longer term and more structural interpretation than the management 'fads and fashions' view from some institutionalist theory (Abrahamson, 1991).

Limitations, Reflections and Future Research *Agenda*

The study has several limitations. First, while this was a large scale study, we accessed only six organisations (with only three presented in detail) and only in health care. Furthermore, the sites had a *prima facie* reputation for using management knowledge, so may be atypical. Further work in additional sites is indicated. The study may be limited in its time period too. Will novel EBMgt orientated texts (e.g. guides to critical appraisal) now being produced by such bodies as CEBMA develop more influence in the future?

Secondly, England may be unusual in its centralised political institutions, ideological politics and NPM reforms, facilitating top-down public service reforms (Moran, 2003) and more open to management knowledges from outside (Pollitt and Bourkeart, 2011). Yet England is not unique: similar jurisdictions include Alberta in Canada (Reay & Hinings, 2005). Lodge and Gill (2011) suggest NPM reforms in New Zealand endure. Pollitt and Bourkeart (2011) place Australia and New Zealand in a 'core NPM' group, suggesting that Sweden and the Netherlands show NPM features.

These limitations suggest a future research agenda. Further work on preferred management knowledges in other 'NPM heavy' jurisdictions internationally is needed. Initially we drew a dichotomy between two ideal types of management knowledge: EBMgt and business school/management consulting knowledge. While such ideal types aid conceptual clarity, are they too crude? Do hybrid spaces and texts blend different knowledges?

Thus whhile the Elmhouse text is written differently from traditional academic texts, it draws on extensive (internal) research and presents as evidence-based. The Willowton text cited major American business school academics andbroader social science. Do we need more reflection on these 'knowledge hybrids'?

Finally, while formal EBMgt texts may be absent, do health care managers develop a rhetoric around evidence-based management to create legitimacy for their decision making? Zbaracki (1998), for example, discussed how managers used Total Quality Management rhetoric for their own purposes. There were some such legitimating references in Elmhouse so we should examine further any managerial rhetoric around EBMgt.

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TABLE 1: TRACER TEXTS AND LOCAL ISSUES OR PUZZLES

	Oakmore Health care	**Elmhouse Consultancy**	**Firgrove AHSC**	**Willowton PCT**	**Beechwell Think Tank**	**Mapleshire CLAHRC**
Tracer texts	The Balanced Scorecard, Kaplan and Norton (1996)	Elmhouse text: in-house book on productivity and change management	Internal PhD using Schein's model of process consulting.	Clinical director's book showcasing whole systems and learning ideas in primary health care	Internally authored policy pamphlet focus on health economics andproductivity.	Theoretically based on communities of practice and situated learning ideas
Character-istics	Best-selling and accessible Business School book; Develops performance metrics; extensive cases and normative argument; Linked to Harvard Business School/ Harvard Business Review; well cited in Google Scholar; Study funded by consulting firm; Joint authors: consultant and academic.	Lengthy but accessible book on performance; eminent academic advisers; Clear takeaway messages and visual diagrams; focus on performance; Lively examples; chapter on the 'science'.	Accessible academic text; clear action implications; Reflections on extensive personal consulting activity; Extensive case material; Author from MIT; Well cited in Google Scholar; Normative and empirical argumentation.	Published by academic publisher; Strong on ideas but also experience. Discusses major ideas, whole systems change; learning communities) applied to primary care; Strong action orientation, e.g. practical techniques; suggested exercises.	Short and accessible policy pamphlet; Addresses a key policy issue – a 'funding gap'; Scenario building; Based on health economics thinking; Uses simple macro financial data but related to policy issues; No econometrics.	conventional academic text; Links organizational behaviour texts to health services.
Issue/Puzzle	Organizational transformation as key to commercial success.	In Elmhouse, how to maintain reputation and credibility; In NHS, how to make big productivity gains.	Organizational development and learning in a new confederation; Helping develop new management.	Systemic fragmentation and enduring pockets of poor services.	The Board's concern that different departments were not working together.	Top-down and instrumental opportunity to obtain funding. how to get research into practice?

TABLE 2: SUMMARY FINDINGS FROM THE SIX CASES

	Knowledges and texts apparent	**Knowledge in its wider context**	**Overall interpretation of knowledge in use and its impact**
Oakmore	Traditionally clinical knowledge. Increasingly financial and managerial knowledge (Balanced Scorecard; extensive training programmes).	Transition to new organizational form with more commercial logic. Strong knowledge leadership from long standing CEO. Governance – new non-executives with business expertise; Bigger NHS market for specialist services.	High impact of Balanced Scorecard. Facilitates organizational transformation to more business-like form. Clinician/CEO as a strong knowledge leader. More freedoms than other sites.
Elmhouse	Internal change model – a homogeneous approach to knowledge production internally. Benchmarking techniques plus active change management.	Major consulting firm, advising on achieving major productivity gains (QIPP). Some clinical resistance locally.	Mixed impact of the change model. Homogenous knowledge production internally. Supported by NHS senior management; resistance by the local/clinical NHS field.
Firgrove	Core of psychiatric knowledge Managerial 'fads and fashions'. Continuing work around OD/process consultation.	Relatively weak; insulated elite status. Managerial subsystem became more important but without severe conflict. Generally cooperative relations internally.	Medium. Series of short-term fads and fashions. OD/process consultation work fits well and has staying power.
Willowton	Two knowledge bases: Soft knowledge around whole systems learning; hard knowledge around performance management	Strong links to the changing macro political economy (QIPP).	Mixed/low. Sustained local activity around whole systems learning but overwhelmed.
Beechwell	Four knowledge bases: policy, leadership, health care improvement; communications.	Strong profile of economics/productivity related knowledge (QIPP).	Low. Moving knowledge across departmental boundaries fails.
Mapleshire CLAHRC	Clinical (psychiatric) knowledge. Business School abstract knowledge. Tacit and practical managerial knowledge.	Funded to meet national policy objectives.	Low: research/practice gap is difficult to cross.